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PROBLEMS AND PERSPECTIVES OF COMPLEX PSYCHO-PEDAGOGICAL REHABILITATION AND RESOCIALIZATION OF PATIENTS AFTER SURGERY FOR HEAD AND NECK TUMORS

Abstract. The article raises a number of problems associated with complex psycho-pedagogical rehabilitation and resocialization of patients after surgery for head and neck tumors. Special attention is paid to speech rehabilitation of the patients and psychological support for their return to the usual way of life. The notion of rehabilitation potential is used to describe the rehabilitation opportunities of the patients. On the basis of modern scientific approaches, the authors specify its meaning as a resource opening new perspectives for the person's life and effective resocialization. It is noted that in order to improve the efficiency of the given process, the patients are to carry out specific meaning-focused work on themselves aimed at formation of the motivation to develop their personality in a new life situation. It has been revealed that the conditions of the modern complex psycho-pedagogical rehabilitation and resocialization make it possible to avoid the invalidating effect of the surgery for head and neck tumors and to return the patients to their usual mode of life in almost 100% of cases, though the process is long and complicated. The authors raise the issue of the economic factor as a serious barrier for conducting a complete course of logopedic lessons which are not included in the program of obligatory medical insurance. According to the authors, provision of efficient complex psycho-pedagogical rehabilitation and resocialization of patients after surgery for head and neck tumors can be economically effective for the state, because it may help avoid invalidation of economically active people who will have a chance to return to the usual way of life, and specifically to employment.

Keywords: complex rehabilitation; psycho-pedagogical rehabilitation; rehabilitation-pedagogical work; resocialization; head tumors; neck tumors; rehabilitation potential; semantic work; surgery, oncology.

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In recent years, the campaign against malignant tumors has stopped being purely medical and turned into an issue of national significance. Oncological diseases occupy the leading position among the main causes of mortality in the world. Every seventh death is caused by cancer, and this mortality rate indicator is higher than that of AIDS, TB and malaria taken together.

Malignant tumors (MT) are the second leading cause of death (25 %) after cardiovascular diseases (38 %) in the countries with high standard of life and income, and the third one (12 %) after cardiovascular (30 %), parasitic and infectious diseases (14 %) in the countries with low and medium level of income. In 2012, the world standardized indicator of MT incidence was 182.07 per 100,000 general population. According to the WHO, the incidence of MT will continue growing globally, and the greatest increase should be expected in the developing countries. Apart from loss of human life, cancer brings about significant economic damage as well [26].

Over recent years, we have also witnessed a steady increase of the indicator of newly revealed cases of MT in Russia. In comparison to 2015, in 2016 this indicator grew by 1.7 %. The incidence of this disease in the general population of Russia over the last decade is higher than the level of 2006 by 28.8 % [17]. High levels of morbidity and mortality rates, diagnostic problems, the need to carry out mass preventive measures, complex and costly treatment, inadequate short- and long-term results of treatment of patients with certain forms of cancer issue such daunting challenges to health care organizers that their solution may be possible only within the frames of national measures. Recent decades have also marked the fact that oncological patients in more and more cases include people of the economically active ages, who often have no chance of true rehabilitation in the modern economic conditions.

The issues of cancer origin and the search for efficient methods of its prevention and treatment are dealt with in a large number of scientific works in the field of medicine, pedagogy and psychology [7; 8; 13; 19; 21; 22]. At present, due to ever expanding and improving provision of medical assistance, the life-saving indicators for oncological patients are growing. Nevertheless, equally serious problems emerge after operations for removal of malignant tumors. These problems are connected with the patients' quality of life, their psychological support and return to usual way of life [2; 5; 16].

Head and neck malignant tumors are the most difficult for treatment from the point of view of localization. They are dangerous due to their fast and aggressive growth, late diagnostics, undersensitivity to medication, close location of the growth focus to the vitally important structures and organs, and irrevocable cosmetic and functional defects [14]. Recent years have seen a tendency for the incidence rate of such diseases to grow. Thus, in 2016, the MT of the oral cavity were diagnosed in 26.7 cases per 100,000 population of Russia, whereas in 2015 this figure was 25.9; the MT of the pharynx in 2016 amounted to 30.3 (in 2015 – 30.1); the MT of the thyroid gland – 105.8 (in 2015 – 101.2). It is evident that the tumors of these localizations are widespread, and their incidence rate shows no tendency to reduction. Moreover, such tumors are characterized by high invalidization rate – this fact explains the medical and social significance of the treatment of such patients which largely depends on provision of complex rehabilitation measures which would help minimize spending on social assistance and bring the patients back to their normal way of life.

The issue of complex rehabilitation inseparably accompanied by speech restoration measures the necessity of which is brought about by the mutilating character of surgical procedures on the organs of head and neck is especially urgent for surgical departments of head and neck tumors. The main contingent of persons in need of logopedic assistance after surgery for head and neck tumors consists of patients who have had surgical treatment of pharynx, lymphatic system of the neck, thyroid gland, salivary glands, and mouth cavity organs. The speech restoration of such patients as a part of complex medico-psycho-pedagogical intervention is carried out with active participation of the medical staff, the patient's family and their close people [20].

To describe the rehabilitation opportunities of the patients after surgery for head and neck tumors, let us consider the notion of rehabilitation potential. The term was first put forward in 1975 by V. P. Belov and I. N. Efimov who defined it as a complex of biological, personal and socio-environmental factors which make up the basis of the patient's resocialization [1]. According to the definition of V. M. Korobov, rehabilitation potential comprises the patient's opportunities under certain conditions in the form of cooperation between the rehabilitation services and the society in general with the purpose of activation of the biological and socio-psychological reserves of mobilization of restitutional, compensatory and adaptive processes and other mechanisms lying at the basis of restoration of their ruined health, working capacity, personal status and social position [10]. According to R. M. Voytenko, the rehabilitation potential of a person suffering from an illness or defect contains the opportunities (medico-biological, social and psychological) to level, reduce or compensate for social deficiency and/or life limitations [4]. Thus, the majority of authors agree that rehabilitation potential presupposes a complex of medical, psychological and social factors facilitating the return of the patient to normal life.

In scientific literature, the notion of rehabilitation potential is more often used with reference to the problem of rehabilitation of disabled persons. And specifically, it presupposes the creation of such conditions of life and activity for these people under which they can realize their abilities on an equal basis with other citizens and go back to normal life. The specialist in the field of complex psycho-pedagogical rehabilitation and resocialization of patients after surgery for head and neck tumors face another problem – how to avoid the invalidizing effect of the surgery and to return the patients to their habitual mode of life, including employment. Thus, in the majority

of cases, speech rehabilitation logopedic lessons accompanied by psychological support allow the patient actually to return to the way of life he had had before surgery.

According to the data obtained and our own experience, disability status is now often granted in cases when it could be avoided, and the person could be returned to full life without getting the status of a disabled person. In order to make up a plan of rehabilitation measures, they first define, as a rule, rehabilitation goals which include three main ones: a rehabilitation goal (without losing working capacity), a supporting goal (presupposing loss of working capacity), and a palliative goal (focusing on prevention of complication development) [16]. In our case, the first rehabilitation variant allowing return to the usual way of life without significant loss of working capacity is quite possible. The modern logopedic achievements make it possible to provide effective speech rehabilitation of patients after such operations and give them back the chance of professional occupation and preservation of their habitual social circle [13].

Let us dwell in more detail on the problem of psychological state of oncological patients. In most cases psychological literature provides a negative approach to the given theme with accent on such notions as distress, psychogenic anxiety, hard psychological tension due to fear of death or pain, etc. [15; 18]. A number of authors even say that oncological diseases cause severe psychological disability and lead to suicidal practices [6; 18]. Due to the prevalence of such an approach to the description of the state of oncological patients, we think it necessary to stress that according to the home and foreign literature, there are quite a number of modern investigations the results of which allow us to insist that a psychological trauma, whatever its causes, should not necessarily bring about only negative consequences (disorders) allegedly turning the patient into a psychologically disabled person [23; 24; 25]. Psychological consequences in such cases are determined not only by the degree of impact of the traumatic situation but by the meaning-focused activity of the person (finding new meanings, connecting meanings, etc.) which is performed with relation to oneself and one's life. Resilience and coping with the trauma, as well as post-traumatic personal development often result from dealing with a traumatic situation [11; 12].

Moreover, a number of studies, specifically in the field of clinical psychology, are based on the use of procedures assessing the degree of psychological disorder during the first weeks after surgery, when the patients are still in a stress-ridden

post-surgery state. We can give an example of a dramatic difference between the patient's state during the first days after the operation and their condition some months later. In the course of our observation, in addition to special procedures, we practiced short interviews with the patients. The patient N with the diagnosis "pharyngeal cancer" said in his first interview (at this moment he had just started logopedic training) that "all he had to do was to wait for death". But three months later, during which he continued to attend logopedic training sessions where he learned to use the voice replacing mechanism in everyday communication, the same patient showed an active interest in the life of his family and spoke about his hobby.

It has been found in the course of the interviews that the majority of the patients wanted to find an occupation irrespective of the help of their relatives. Only two out of 66 patients had no idea about what they were going to do after leaving hospital. The rest spoke about their plans, family, hobby, social circle, return to employment – in a word, they saw their future and were oriented towards the future, which allows us to make a conclusion about the prevalence of L-meanings (i.e. Life-meanings oriented towards life) in the structure of their personality. While describing the state of oncological patients and designing rehabilitation measures, it should be borne in mind that the person gets in an unusual extraordinary situation. The person's life now is threatened not only by loss of working capacity but by death [11; 12; 24; 25].

In accordance with the given theoretical conclusions, we have specified the role of the person's rehabilitation potential which does not automatically determine or define productive resocialization. Hard work of the patients over themselves, which should engage all personal resources they have, is needed in order to raise the effectiveness of this process. Personal motivation – in this case rehabilitation motivation, which stimulates the person to use the rehabilitation potential actively on the way to effective resocialization – is one of the important components of such work. To form such motivation, it is necessary for the person to treat rehabilitation potential as a resource which can open up new life opportunities, i.e. to have the personal development motivation actualized.

66 patients aged 23-78 years (38 men and 28 women) have been under our observation over two last years. Among them, 18 persons (27 %) were operated on for malignant tumors of the pharynx, 8 persons (12 %) – of the salivary glands, 17 persons (26 %) – of the thyroid gland, and 23 persons (35%) – of the oropharyngeal zone.

All patients needed complex psycho-pedagogical rehabilitation and resocialization in order to return to the habitual way of life. Nevertheless, we have come across disappointing statistics: only 35 persons (53 %) out of 66 patients have undergone the necessary restoration procedures. 28 persons (42 %) out of 66 of those tested have not resumed lessons for unknown reasons without letting the doctor and the logopedist know about their decision. Three patients (5 %) had to give up lessons due to the tumor relapse and the necessity of a new surgical intervention. And only two persons (6 %) out of 35 patients who have gone through the whole course of lessons were discharged with a moderate speech function improvement; in the remaining 33 patients (94 %), we have noted full restoration or considerable improvement of the speech function, which allowed them to return to the usual way of life without losing working capacity.

The statistics obtained allow us to make a conclusion that the modern complex psycho-pedagogical rehabilitation and resocialization give a chance to avoid invalidization of patients after surgery for head and neck tumors and to bring the patients back to the normal way of life. It becomes evident that inability to attend lessons or interruption of the course of lessons on speech restoration constitutes the main reasons of the failure of rehabilitation measures. It turned out in the process of our experiment that this phenomenon has a complex character and is connected, specifically, with psychological peculiarities of the patients.

The patients who have undergone surgery for head and neck tumors look differently at their life situation, which is actually a situation of survival and continuing life under new conditions. As we have already noted, hard work over oneself in cooperation with the specialists and the relatives towards transformation of one's own personality and formation of motivation adequate to the situation in which the person has found themselves is necessary for the conduct of effective work on speech rehabilitation.

It should be kept in mind that this process is a long one and needs certain time resources: first, for organization of a holistic course of logopedic training; second, for the patient to be able to actualize and use in practice their own rehabilitation course, which becomes a basis for the solution of the first problem. The economic factor may become a serious barrier for the patient's receiving real rehabilitation assistance, and we would like to devote certain attention to it in the given work. The matter is that logopedic lessons for this category of patients are not included in the program of obligatory medical insurance, and

far from all patients can afford paying for them themselves.

In recent years, the number of persons of economically active ages for whom restoration of communicative abilities does not only mean improvement of the quality of life but is also a precondition for successful return into the habitual environment and employment has considerably grown. A number of authors speak frankly about the material problems of oncological patients in accordance with the fact that the diagnostics and treatment of the diseases of this kind become more and more highly technological and, consequently, more expensive [3]. A similar problem exists in the field of rehabilitation measures. It should be noted that the Russian Territorial programs of medical care provision on the basic program of Obligatory Medical Insurance (OMI) of the profile "Medical Rehabilitation" contain no measures for complex psycho-pedagogical rehabilitation of the abovementioned contingent of persons, which gives grounds to argue that medical care is not provided in full. At the same time, complex measures demand the participation of a multidisciplinary team of specialists, and take up to 2-4 months on average. The economic factor does not always allow trying all currently existing opportunities for restoration of the damaged functions.

Our analysis of the sources of scientific information on the problem under discussion and the data obtained in the course of investigation allow us to draw a conclusion that oncological patients after surgery for head and neck tumors are left without special assistance which could not only improve the quality of their life by reducing their disability but would also allow the majority of them to remain useful members of society and preserve their social and professional status. What is more, proper provision of efficient complex psycho-pedagogical rehabilitation and resocialization of patients in need of rehabilitation-pedagogical intervention after surgery for head and neck tumors can be economically effective for the state, because it may help avoid granting the disability status to economically active people who may otherwise have a chance to return to the usual way of life, and specifically to employment which they had before the positive disease diagnosis and the corresponding surgical treatment.

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